

SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) Questionnaire

TO: (Time Survey Participant)

FROM: (LGA Coordinator)

To determine whether you qualify as Skilled Professional Medical Personnel for federally funded reimbursement claims, please complete the following questionnaire and return it to the LGA Coordinator no later than **(Due Date)**.

Name: (Time Survey Participant)

Division: (Division of Time Survey Participant)

Position Classification: (Classification of Time Survey Participant)

1) Are you a physician licensed to practice medicine in the State of California?

a) **YES.** Provide license number: _____

i) Attach a copy of the license you received and a résumé, if available.

ii) Sign this form and return it.

b) **NO.** Proceed to Question 2.

2) Have you completed an educational program in a health-related field?

a) **YES.**

i) Which health-related field:

ii) Highest academic degree received in that field:

iii) Subject of your academic degree (Major):

iv) Name of the college/university where it was earned:

v) Attach a copy of the degree you received and a C.V., if available.

b) **NO.** Proceed to Question 3.

3) Did your educational program last at least two years? ____Yes ____No

- 4) Did your educational program lead to a licensure in a medically-related profession?
- a) **YES.**
- i) Provide license type, number, and issuing State.

 - ii) Sign this form and return it.
 - iii) Attach a copy of the degree you received and a C.V., if available.
- b) **NO.** Proceed to Question 5
- 5) Did your educational program lead to a certification or registration by a health or health-related national or California certifying organization?
- a) **YES.**
- i) Provide Certification/Registration Type:

 - ii) Provide Certification/Registration Number (if appropriate):

 - iii) Provide the name of the Certifying/Registration Organization:

 - iv) Sign this form and return it.
 - v) Attach a copy of the Certificate/Registration you received and a C.V., if available.
- b) **NO.** Proceed to Question 6.
- 6) Did part of your educational program involve medical or heal-related training including fieldwork (e.g., in health, mental health, or substance abuse)?:
- a) **YES.**
- i) Describe the training/fieldwork:

 - ii) Sign the form and return it.
 - iii) Attach a copy of any certificates or documentation describing your training and a C.V., if available.
- b) **NO.** Proceed to Question 7.

7) As part of your educational program, did you take any courses that had a medical or health-related focus (e.g., about health, mental health, or substance abuse)?:

a) **YES.**

i) List the courses below:

ii) Sign the form and return it.

iii) Attach a copy of any certificates or documentation describing your training and a C.V., if available.

b) **NO.** Proceed to Question 8.

8) How many years of experience do you have performing duties in a health or human services field?

____ 3 or more years ____ 2 years ____ 1 year ____ Less than 1 year

a) Attach documentation of your experience and a C.V., if applicable.

9) Does your direct supervisor have designation as an SPMP? ____ Yes ____ No

Signature of Claimant/Employee

Date

Claimant/Employee Supervisor's Section

Supervisor's statement of additional qualifying requirements for SPMP status:

Supervisor's Recommendations:

Signature of Supervisor

Date

Medi-Cal Administrative Program Manager's Section

I have reviewed the SPMP Questionnaire and the attached documentation and have determined:

- _____ The Claimant/Employee meets the essential requirements of an SPMP.
- _____ The Claimant/Employee does not meet the essential requirements of an SPMP.
- _____ The Claimant/Employee meets the essential requirements of a Directly Supporting Clerical Staff.
- _____ The Claimant/Employee does not meet the essential requirements of a Directly Supporting Clerical Staff.

Signature of Medi-Cal Administrative Program Manager

Date